

## CERTIFICATION OF AUTHORITY FOR ARREST OF PATIENT BY LAW ENFORCEMENT

Facility Name: \_\_\_\_\_ Case Number (if assigned): \_\_\_\_\_

I, \_\_\_\_\_ (name), a \_\_\_\_\_ (title),  
badge or ID number \_\_\_\_\_, telephone # \_\_\_\_\_ hereby certify:

1. I am an official law enforcement personnel with the following law enforcement agency

NAME OF AGENCY: \_\_\_\_\_ (an authorized law enforcement agency),

PHONE NUMBER OF AGENCY: \_\_\_\_\_

2. I have a warrant for the arrest of the following individual under federal or state law:

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SSN (if available): \_\_\_\_\_

OTHER IDENTIFYING INFORMATION (please specify): \_\_\_\_\_

\_\_\_\_\_

3. That the following court has issued a warrant for the arrest of the above named individual:

WARRANT NUMBER: \_\_\_\_\_

NAME OF COURT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

JUDGE/MAGISTRATE: \_\_\_\_\_

\_\_\_\_\_  
Signature of Law Enforcement Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Facility/Health Care Provider Representative

\_\_\_\_\_  
Date